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AUTHOR	Stewart, W. Kevin
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ABSTRACT

A 1999 Core Alcohol and Drug Survey on a Midwest campus of a four-year institution found that 25 percent of students met the criteria for alcohol dependence at some point in their lives. These data were based on a 1998 report by the National Institute on Alcohol Abuse and Alcoholism, which estimated that 24.5 percent of young people who begin drinking alcohol at age 17, and more than 40 percent of those who begin drinking younger than age 15, will become dependent. In an attempt to take proactive measures to decrease the impact of problem drinking by students on campus and later in life, a prevention and intervention program based on choice theory was developed. This paper provides an overview of this prevention and intervention philosophy, which addresses the issues of student disconnection, isolation, and alienation, and teaches students to recognize and deal with the issues in effective ways. (SM)

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Choice Theory and Prevention in Higher Education

W. Kevin Stewart, November 1998
Coordinator, Substance Abuse Prevention & Education
Southeast Missouri State University

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Choice Theory and Prevention in Higher Education

W. Kevin Stewart, November 1998
Coordinator, Substance Abuse Prevention & Education
Southeast Missouri State University

ABSTRACT

In a report released in 1998 by the National Institute on Alcohol Abuse and Alcoholism, it is estimated that 24.5% of young people who begin drinking alcohol at age 17, and more than 40% of those who begin drinking younger than 15 will meet DSM-IV criteria for dependence at some point in their life. Based on this assumption, recent survey results indicate that approximately 25% of students on the campus of a four-year institution in the Midwest will meet the criteria. In an attempt to take proactive measures to decrease the impact of problem drinking by students on campus and later in life, a prevention and intervention program has been developed based upon choice theory. This paper will provide an overview of recent Core survey results for the campus as well as the prevention and intervention philosophy based upon choice theory for the campus and community.

In addition to traditional prevention efforts (social norming, impairment risk awareness, etc.), we target high-risk populations (first year, Greeks, athletes) including the sub-population of students at greatest risk for alcohol dependence. Based on 1999 campus Core data and the NIAAA 'age of drinking onset' study, we have identified that 25% of our students who choose to drink (80% of student body) will become alcohol dependent at some point in their lives! (Figure 1) While we obviously hope this is an overstatement, we can't ignore the data nor these particular students, whatever percentage they are.

It is not believed that these students are greatly affected by traditional prevention messages and efforts. 25% of our student body who drink, is 1,700 students. They are the minority who are not silent, who are involved in the majority of problematic behavior and who perpetuate the inaccurate social norms. Most of these students are not involved in non-required campus lectures, presentations, programs, Common Hour and etc.

Despite an abundance of research and a variety of theories regarding the causes of "binge" drinking, alcohol abuse and alcoholism, it is the contention of this paper that the underlying focus of these theories is faulty. The fundamental premise behind these theories is that there is a causal agent. Behavior is seen as a chain of discrete responses that occur as a result of the presentation of different stimuli. "Peer pressure" is one example commonly believed, yet the 1999 Core survey on our campus indicates that 70% of students never experienced peer pressure to drink and

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Relationship between Age of Drinking Onset & Future Alcoholism

Age of Drinking Onset	NIAA Predicted Future Alcoholism*2	Southeast Students Surveyed*1	Students Predicted Future Alcoholism
21+	10%	3%	<1%
17	24.5%	34%	8%
<15	+40%	43%	17%
			25%

*1 April 1999 Core Survey, Southeast Missouri State University

*2 January 14, 1998 National Institutes of Health Press Release; National Institute on Alcohol Abuse & Alcoholism report.

Figure 1

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11% experienced it only once. Therefore, to address the reasons students drink to abuse, without subscribing to stimulus-response theory, we teach choice theory to all students possible: first year, athletes, judicially sanctioned…

The choice theory/reality therapy paradigm is able to explain why prevention (and treatment for those dependent) is successful with some people and not with others. Choice theory (originally proposed as control theory and changed in 1996 to choice theory) has been developed by Dr. William Glasser. The Theory is essentially the following: Information from the external world passes through a number of filters and becomes an internal perception signal. This signal is then compared to an inner reference signal and if there is a mismatch, the individual behaves to make the external world (and hence the internal perception signal) more like the inner reference signal. If the internal perception signal matches the inner reference signal, then more information is obtained from the external world and a different comparison is made. Behavior (Thinking, Acting, Feeling and Physiology) only occurs when there is a mismatch.

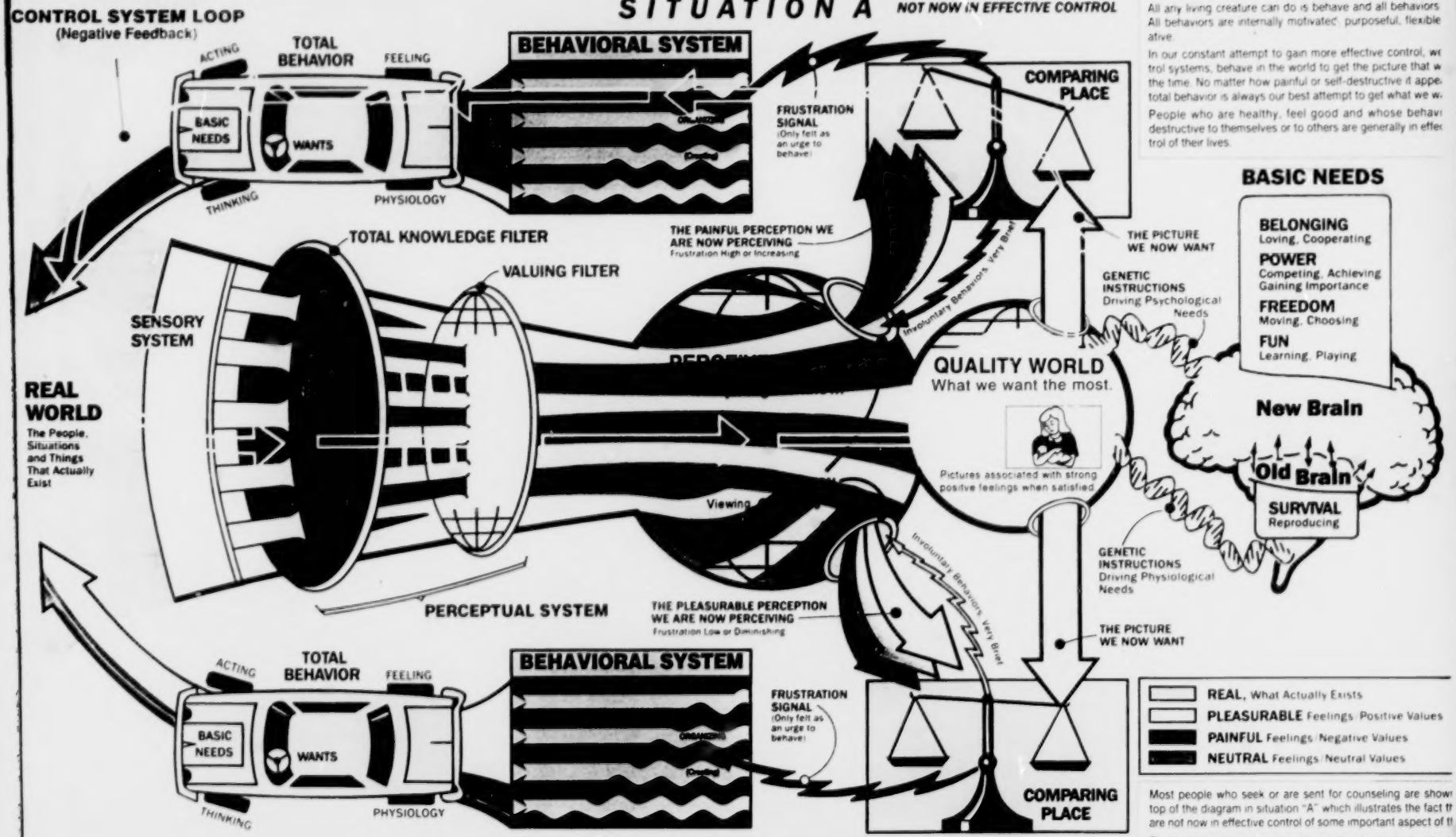
Glasser became interested in control theory in 1977, as it provided him with an explanation for why the model of counseling he had developed and used since 1965, reality therapy was so effective. Since then, Glasser has incorporated choice theory into a model for helping people live their lives more effectively; the alternative being external control or stimulus-response theory. Traditional psychology and external control theory/stimulus-response, for example, believes that I answer a ringing phone, open the door when the doorbell rings, stop at a red light, or do countless other things because I am responding to a simple external signal. We do not answer a phone because it rings; we answer it because we want to (Glasser, 1998). "Instantaneous as our response may be, every time we answer a phone, we have decided this is the best choice. If we didn't think so, we wouldn't answer it. (At times we let the machine pick up, or install caller ID for more information.) You may argue, "If I don't answer the phone because it rings, then what's the purpose of the ring? I certainly don't go around answering phones that aren't ringing. The ring does have a purpose, but it is not to make you answer. It is to give you information, to tell you

that someone out there wants to talk to someone here. The ringing of the phone, and all else we perceive from the outside world, including what we perceive bodies, is information. But information is not control. Choice theory explains that stimuli, in the sense that they can consistently control a human being to make a specific choice, do not exist (Glasser, 1998, pg. 16-17).

Choice theory posits that human behavior originates from five basic needs built into the genetic structure of the human brain (Glasser, 1994). These needs are made up of one physiological need and four psychological needs. The hierarchy and importance of each need and the ability to fulfill them varies from individual to individual. Few people are consciously aware of these needs and yet from the time persons are born, they begin to behave in an attempt to satisfy them. When a need is satisfied, we store a "picture" (the inner reference signal) of what it was that satisfied our need in a portion of our memory which Glasser (1984) calls the "quality world". The quality world is a subset of a person's total memory and only contains very specific, important parts of an individual's life because it is the pictures in the quality world that the individual pursues continually. The reason they are pursued is because they represent their basic needs. People do not attempt to satisfy needs directly, rather they attempt to match the pictures which represent their basic needs.

The notion of need satisfying pictures has parallels already established in the alcohol literature. Alcohol expectancy theory is interested in the beliefs people have about the effects of drinking (Goldman, Brown & Christianse, 1987). Differences in the beliefs held have been noted between alcoholics and nonalcoholics, with alcoholics expecting "more global positive changes, social assertiveness, and social and physical pleasure" (Brown, Goldman & Christianse, 1985). When considering age of drinking onset and future alcoholism rates, in addition to state-dependent learning and the insult of neurotransmitter systems, these beliefs are common and used as a "crutch" by many adolescents. The beliefs described here are almost identical to the concept of need satisfying pictures that people pursue in order to satisfy a need.

HOW THE BRAIN WORKS



All any living creature can do is behave and all behaviors All behaviors are internally motivated: purposeful, flexible ative.

In our constant attempt to gain more effective control, we trol systems, behave in the world to get the picture that w the time. No matter how painful or self-destructive it appe total behavior is always our best attempt to get what we w

People who are healthy, feel good and whose behavi destructive to themselves or to others are generally in effe trol of their lives.

REAL, What Actually Exists
PLEASURABLE Feelings: Positive Values
PAINFUL Feelings: Negative Values
NEUTRAL Feelings: Neutral Values

Most people who seek or are sent for counseling are show top of the diagram in situation "A" which illustrates the fact th are not now in effective control of some important aspect of th

The bottom of the diagram shows these people in situati where they are gaining more effective control. Assuming no altering drugs are in the system, how we feel is our best indic how effective our control is at any given time. When we fee we believe that we are either in or gaining effective control. W feel bad, we believe we are not in effective control or that we ing effective control.

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CHOICE THEORY℠ - WHY AND HOW WE BEHAVE

Figure 2

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The contention of choice theory is that for the entirety of our life we behave in an attempt to obtain the pictures in our quality world, which represent one or more of the five basic needs above. Glasser (1984) uses a set of scales as a metaphor to describe this concept (Figure 2). On one side of the scales is a quality world picture (the inner reference signal), and on the other side is a current perception (the internal perception signal). If these do not match, the scales are out of balance. A person becomes aware of this imbalance as a sense of frustration or discomfort. The purpose of all human behavior, then, is to balance the scales, and people do this by making what they are currently perceiving more like the picture they have (Glasser, 1984).

Alcoholics, and young, future alcoholics, are persons who use alcohol to balance their scales. If individuals have a quality world picture of a warm, supportive significant other, and they are currently perceiving their other as distant and critical, they will experience frustration. When this occurs they will behave to balance the scales. While experiencing this frustration, they may discover that when they drink alcohol their scales seem balanced. However, they have failed to address the distant and critical behaviors they perceived from their significant other (or friend, or teacher or parent…).

Alcoholics may be people who have great difficulty in balancing their scales. They may have few skills in shaping the external world so that their perceptions match the pictures they have. For these people, the sense of frustration felt from unbalanced scales persists and intensifies. Ultimately they may discover that when they drink alcohol they have a sense of balance and control.

Choice theory maintains that prevention and treatments that are currently successful have achieved their success because the students/clients have learned how to match their pictures more effectively. Perhaps future research could investigate whether current treatments have inadvertently targeted a specific needs group. It could be, for instance, that existing practices (for example, social norming or AA) are extremely beneficial for people who use alcohol to obtain pictures that represent their love and belonging need, and yet these same practices are virtually meaningless for people who use alcohol as a way of meeting their need for freedom and choice. Many abusers and alcoholics may use alcohol to meet more than one of their basic needs; therefore, when one is met, alcohol use/abuse may continue because

the alcohol is still used to meet other needs. The necessity of much work and motivation (flunking out of school, hitting bottom...) is often required to effectively restructure most of their belief systems (quality world). However, if we teach choice theory in prevention, before students become alcoholics, behavior modification is more realistic.

Glasser (1984) contends that all behavior is purposeful because all behavior is seen as an attempt to acquire one or more of the pictures in the quality world. Additionally, all behavior is our best attempt at doing these, at that time. "Best" is not used to make a value judgment, rather it is used to describe the way that people choose the behavior they believe is best able to bring their perceptions of the external world closest to their quality world picture. People choose alcohol use/abuse/dependence because at that point in time they have decided that it is alcohol that has the best chance of making their perception of the external world more like their quality world picture.

Before information from the external world becomes a perception that is compared with a picture from the quality world, it passes through a number of filters. These filters are the sensory system, the "total knowledge filter" and the "valuing filter" (Figure 2). For information to be compared it is first sensed by the sensory system. At this stage the information is described as a sensation. The total knowledge filter contains representations of everything that is known by the person and as the sensation passes through this filter if becomes a perception. When the perception passes through the valuing filter it is judged to be good, bad or neutral in terms of helping people balance their scales. Through these filters, information from the external world becomes part of the perceived world of the individual and it is this information which is compared with pictures in the quality world.

Students/alcoholics who are successful in existing prevention or treatment programs experience success because through the program they find ways to match their pictures and therefore meet their needs more effectively. When this occurs, they likely will accept and assign a good label to the program itself. Students/alcoholics who do not learn to match their pictures effectively in current prevention/treatment programs may come to label the program as bad, because it was not able to give them what they wanted, or needed. When this occurs, it is very likely they will return to alcohol as a way

of balancing their scales. The personal filters people have that determine how they perceive the external world are likely therefore to have a significant effect on quantity, frequency, problematic behavior and recidivism rates. These are similar to Ellis's (1988) irrational beliefs.

One of the most successful ways of combating alcoholicing may be to focus on prevention (Glasser, 1998). As teaching people about choice theory is a usual part of the reality therapy process Glasser further states that using this educational approach in prevention seems appropriate. Beginning with younger ages, 8-10, when the development of beliefs becomes critical, teaching basic choice theory, without mentioning alcohol is suggested. As the children progress, the concepts can increase in difficulty to allow a more intricate understanding of choice theory/reality therapy principles. More specific topics such as socialization, the opposite sex, alcohol/drugs... can then be incorporated into the program.

Glasser (1998) states how important good relationships are and that if we are not sick, the major problems we struggle with – violence, crime, child abuse, spousal abuse, alcohol and drug addiction, the proliferation of premature and unloving sex and emotional distress – are caused by unsatisfying relationships. These result from variations of attempting-to-control-someone-else: They wanted someone else to do what he or she refused to do; someone else was trying to make you do something you didn't want to do; both you and someone else were trying to make each other do what neither wanted to do; or, you were trying to force yourself to do something you found very painful or even impossible to do (Glasser, 1998). Glasser further states that a question that should continually be asked therefore is "will what I am about to do bring me closer to these people or move us further apart?" Additionally, Keeling (1997) believes that, particularly with "generation X" having lived their whole life with technology, chat rooms, e-mail..., the greatest problem in higher education today is that students are disconnected, isolated, alienated and alone. For prevention and "community" to be successful, teaching how to recognize and address these issues, as choice theory/reality therapy does, is foundational. Furthermore, connecting life and learning undermines the power of cultural norms that encourage meaningless relationships, "binge" drinking, and violence. Again, while social norm marketing may be effective for many students at risk for impairment problems, it doesn't effect the 25% of students who are at high-risk

for alcoholism. The issue that has been central to this paper, and higher education, is that of helping all students live their lives more effectively; teaching choice theory/reality therapy may do just that.

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